

# Evaluation of Applicant's Performance and Potential

## SAINT ANTHONY COLLEGE OF NURSING

Health Sciences Center  
3301 North Mulford Road  
Rockford, IL 61114

**Applicants:** To use the forms: Complete the front side of each form. Give a form to each person who will be doing the evaluation on your behalf. Please ask these individuals to complete the form and return it as soon as possible. It would be helpful for you to enclose a stamped envelope, pre-addressed to the Saint Anthony College of Nursing Admissions Office. Applicants to Saint Anthony College of Nursing are selected in accordance with nondiscriminatory practice.

**Evaluator:** This applicant is a candidate for admission to Saint Anthony College of Nursing. In order to evaluate more effectively this individual's potential, we would appreciate information regarding the **applicant's work ethic and/or ability to academically succeed**. Our faculty members will use your comments to help them reach a better understanding of this individual. Your cooperation in completing and promptly returning this form will assist both the applicant and the College.

**Applicant completes this page:**

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In accordance with federal law, a student admitted to this College is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, Saint Anthony College of Nursing does not require a waiver as a condition for receipt of services or benefits from the College. Therefore, applicants submitting names of individuals for evaluations are free to determine whether they wish to waive their potential right to examine such evaluations.

### WAIVER

The Family Education Rights and Privacy Act permits Saint Anthony College of Nursing to request that you will waive your right to inspect this evaluation. In considering whether you will waive this right, it is important to understand that the information contained on this form will be used to evaluate you as an applicant for admission to Saint Anthony College of Nursing.

**To be completed by applicant after reading the above information:**

1. I understand that this evaluation will be confidential, and I waive my right to read it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

2. I do not waive my right to read this form should I enroll at Saint Anthony College of Nursing; therefore, this is not confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Evaluation of Applicant's Performance and Potential

To be completed by person conducting this evaluation.

1. My relationship with the applicant is *(please check one)*:

College Instructor/Professor \_\_\_\_\_ Employer/Supervisor \_\_\_\_\_  
 Other - Please designate \_\_\_\_\_

2. How long have you known this person? \_\_\_\_\_

3. Identify this individual's major strengths. If possible, give examples.

4. In your opinion, what are the areas in need of the most improvement for this individual? If possible, give examples.

Please rate the applicant on the following attributes:

|  | Excellent | Good | Fair | Poor | Unable to evaluate |
|--|-----------|------|------|------|--------------------|
| Punctuality                                  |           |      |      |      |                    |
| Attendance                                   |           |      |      |      |                    |
| Assuming responsibility, follow through      |           |      |      |      |                    |
| Ability to plan ahead, be prepared           |           |      |      |      |                    |
| Participation, group interaction             |           |      |      |      |                    |
| Leadership                                   |           |      |      |      |                    |
| Ability to prioritize, organize, manage time |           |      |      |      |                    |
| Problem solving                              |           |      |      |      |                    |
| Academic excellence                          |           |      |      |      |                    |

5. Additional comments:

If the applicant has signed the first statement at the end of the paragraph identified as "Waiver" on the reverse side of this form, you may be assured that your evaluation is confidential and will not be reviewed by the applicant. If the applicant has signed the second statement at the end of that same paragraph, then the applicant will have the right to review your evaluation.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please return pages 1 and 2 directly to:

**Saint Anthony College of Nursing**  
**Health Sciences Center**  
**3301 N. Mulford Rd.**  
**Rockford, IL 61114**